

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

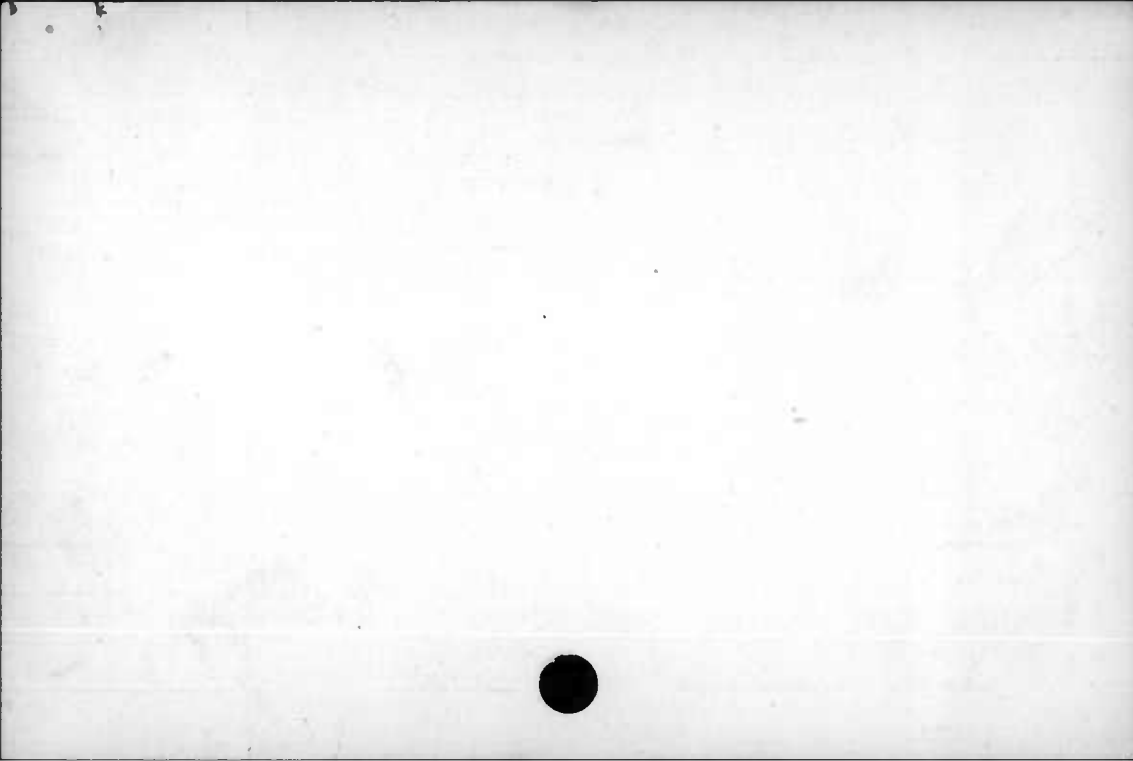
Died at <u>Jepa</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	190 <u>8</u>	Month <u>8</u>	Day <u>13</u>	Age <u>9</u> Years	Months <u>10</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Jepa Md</u>		
Occupation _____			Where Residing if not at place of death <u>Jepa Md</u>		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <u>unknown</u>			Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>Beata Anderson</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Mrs Anderson</u>			How related to deceased <u>Grandmother</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>about 2 weeks</u>
Immediate	<u>Transition</u>	How long	<u>a few days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>M. Meyer M.D.</u>	
<u>No</u>		Address <u>Jepa Md</u>	
Accident or Suicide? <u>No</u>			



Name
in
Full

Lewis Barber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Whitford

County

Hayward

MARYLAND

Date
of death 1908

Month

Aug

Day

25

Age

Years

39

Months

5

Days

5

Sex

Male

Color or
Race

White

Birth-
place

Pa

Occupation

Farmer

Where Residing if not
at place of death

—

Married, ~~Single~~
or WidowedName of Wife or
Husband

Geneva Barber

Father's
Name

Lewis Barber

Father's
Birthplace

Pa

Mother's
Maiden Name

Erie Steward

Mother's
Birthplace

Pa

Name of person giving
Information

John Barber

How related
to deceased

Cousin

Shot by Tom Sawyer

CAUSES OF DEATH

(176)

Primary

Result of bullet wound
of brain

How long

9 Days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
PhysicianJ. B. Sawyer
R. W. Sawyer &

Address

Delta, Penna

Accident or Suicide?

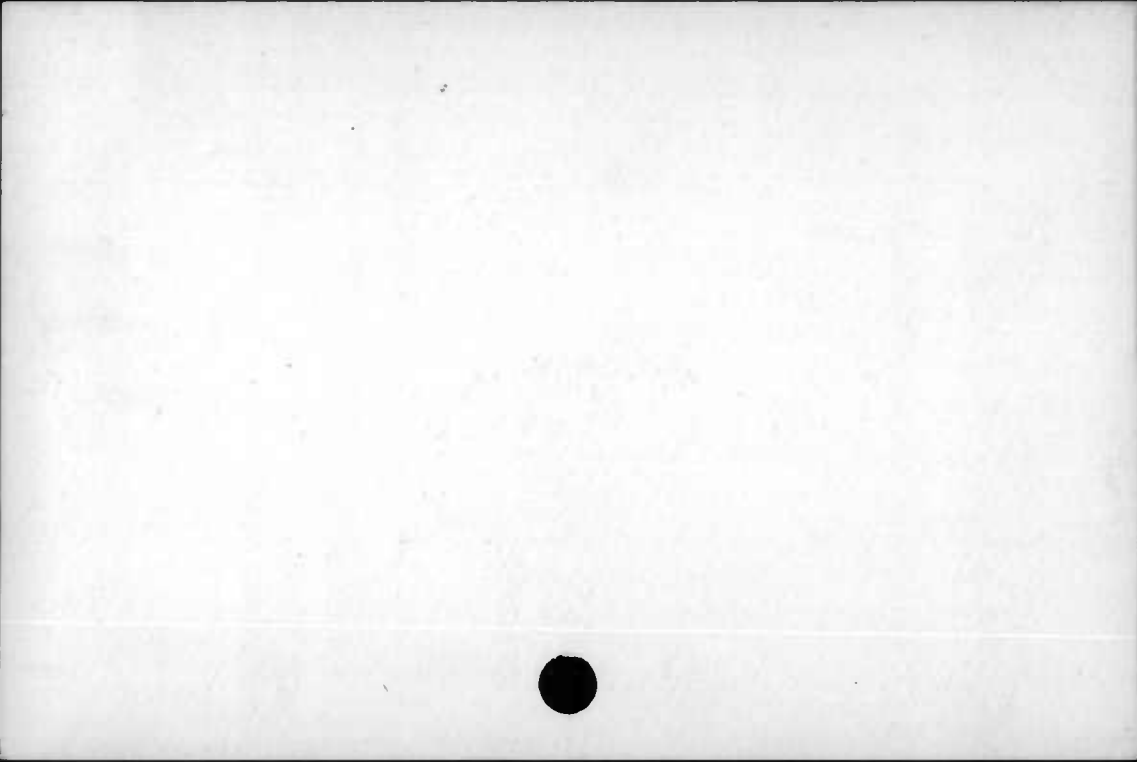
Homicide

PHYSICIAN
OR CORONER

Int. Trebo

Aug 28th 08

Name in Full Ida C. Barnard		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Harre de Grace <small>Town</small>		Harford <small>County</small>		MARYLAND
	Date of death 1908 Aug.	10 <small>Day</small>	5 <small>Years</small>	5 <small>Months</small>	1 <small>Days</small>
	Sex Female	Color or Race White	Birth-place Harre de Grace		
	Occupation None	Where Residing if not at place of death " " "			
	Married, Single or Widowed Single	Name of Wife or Husband None			
	Father's Name Joseph Barnard	Father's Birthplace Harre de Grace			
	Mother's Maiden Name Phoebe Wilson	Mother's Birthplace Philadelphia, Pa.			
Name of person giving information Joseph Barnard	How related to deceased Father				
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div> <div style="border: 1px solid black; padding: 5px; text-align: center; float: right; font-size: 2em; border-radius: 50%;">8</div>					
PHYSICIAN OR CORONER	Primary Whooping Cough		How long 3 weeks		
	Immediate Convulsion		How long		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician R. H. Smith		
			Address Harre de Grace		
	Accident or Suicide?				



Name
in
Full

Robert Clinton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sewell* Town *Harford* County
Date of death *190* *any* Month *18* Day *—* Age *—* Years *—* Months *5* Days
Sex *Male* Color or Race *White* Birth-place *Maryland*
Occupation *—* Where Residing if not at place of death *Sewell*
~~Maiden~~, Single or Widowed *—* Name of Wife or Husband *None*
Father's Name *Robert Clinton* Father's Birthplace *Maryland*
Mother's Maiden Name *Susan Schuetz* Mother's Birthplace *Maryland*
Name of person giving information *Robert Clinton* How related to deceased *Father*

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Convulsions

How long

12 hours

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas E Roth
Edgewood Md

Accident or Suicide?



Name
in
Full

Everett Garrison Cromwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Upper X Rds TownCounty Harford

MARYLAND

Date of death 1908 Aug. MonthDay 3Age YearsMonths 10Days 3Sex MaleColor or Race BlkBirth-place Harford Co Md

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameJessie CromwellFather's
BirthplaceHarford Co MdMother's
Maiden NameEdith CromwellMother's
Birthplace" " "Name of person giving
InformationBenjamin LawrenceHow related
to deceasedUncle

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Infantile Diarrhoea

How long

3 weeks

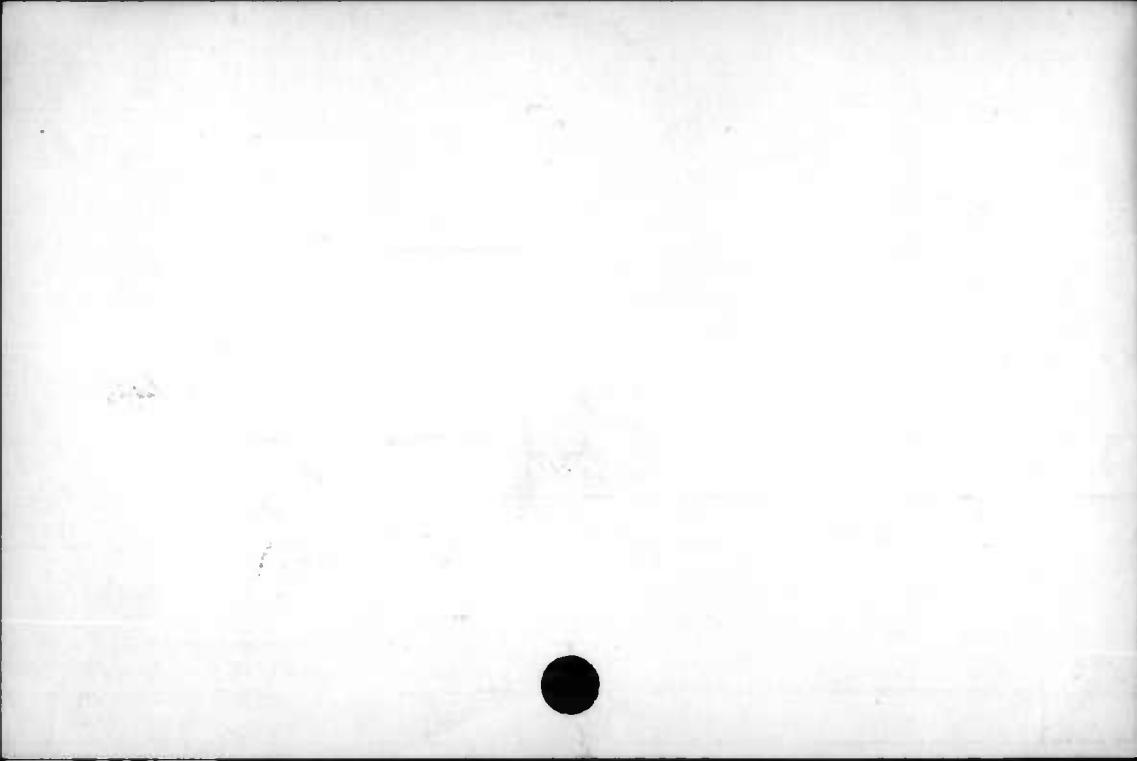
Immediate

Are the name, age, sex, color, date
and place correctly given above?YesSignature of
PhysicianGeo. W. Davis M.D.

Address

PleasantvilleMd

Accident or Suicide?



Name
in
Full

Mildred M. Fadelley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

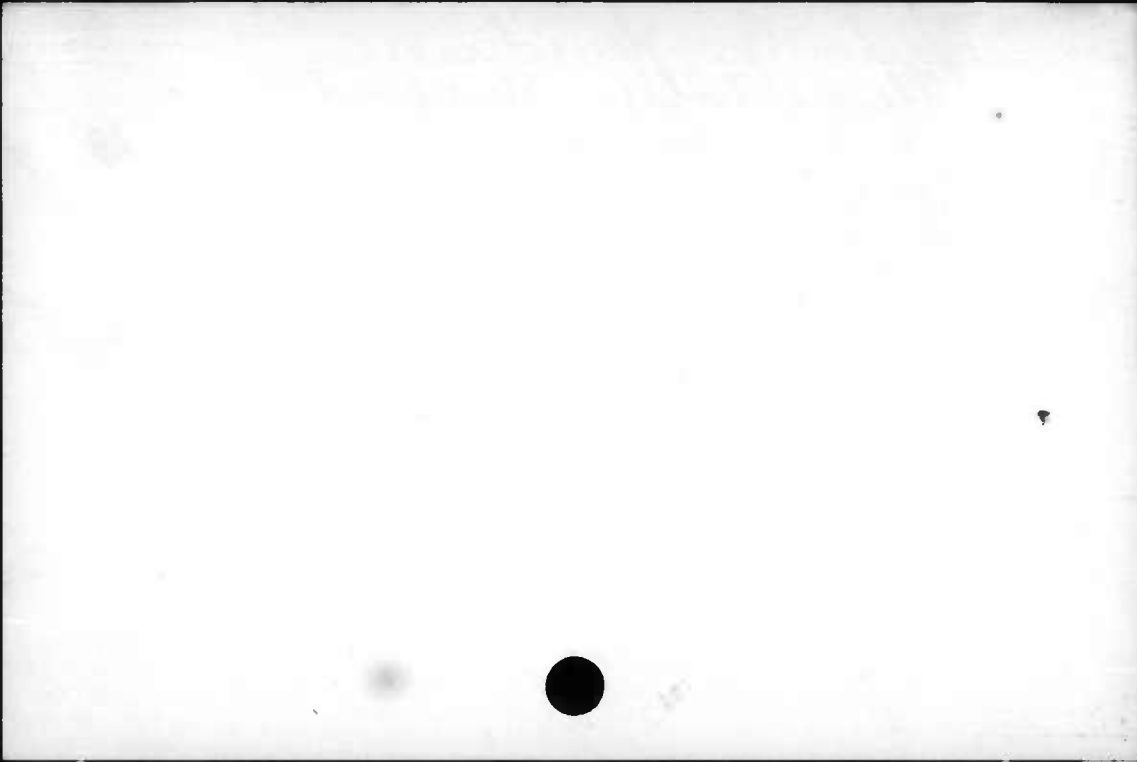
Died at		Town		County		MARYLAND	
Havre de Grace		Havre de Grace		Havre de Grace			
Date of death	Month	Day	Age	Years	Months	Days	
1908	Aug	6			5		
Sex	Color or Race		Birth-place				
Female	White		Havre de Grace				
Occupation	Where Reaiding if not at place of death						
	Same						
Married, Single or Widowed	Name of Wife or Husband						
Single							
Father's Name	Father's Birthplace						
Henry Fadelley	Havre de Grace						
Mother's Maiden Name	Mother's Birthplace						
May Mahan	Havre de Grace						
Name of person giving Information	How related to deceased						
May M. Fadelley	Mother						

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long
Mal nutrition	3 or 4 mo
Immediate	How long
Cholera Infantum	One week
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	J. L. Hopkins
	Address
	Havre de Grace
Accident or Suicide	



Name
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Full

Olida P. Henderson

CERTIFICATE OF DEATH

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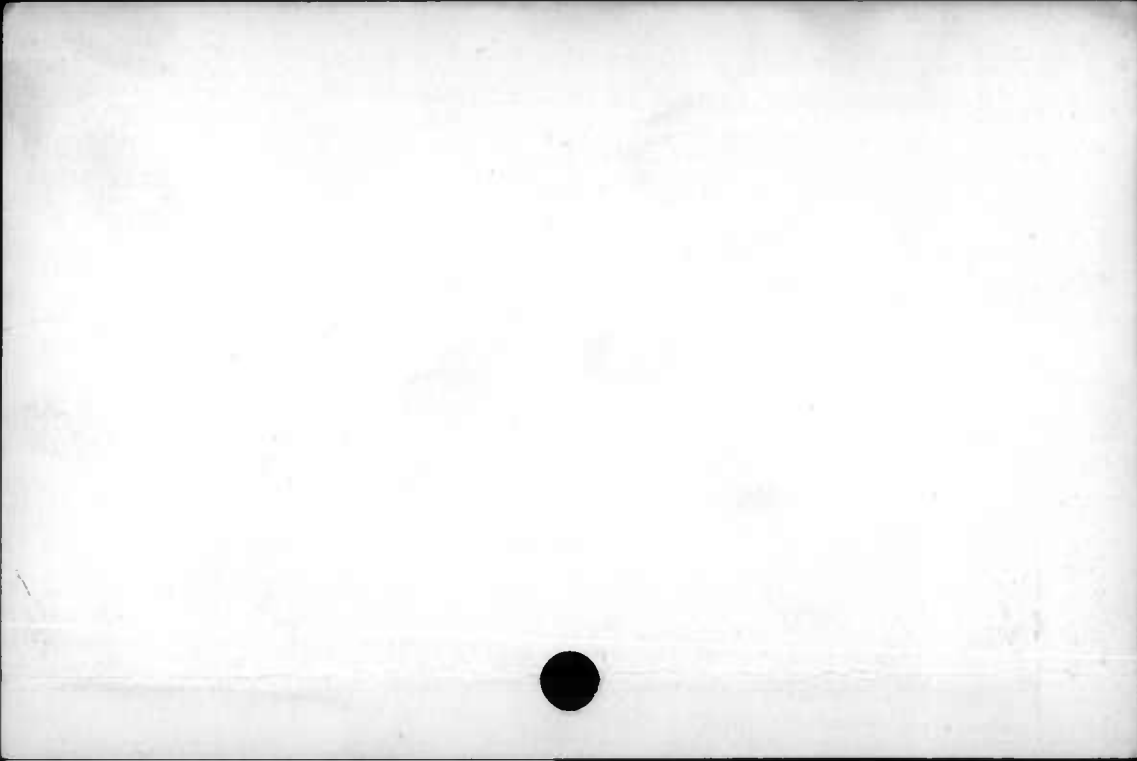
Died at		Pleasantville		Warford		MARYLAND	
Date of death		1908	Aug	20	Age	23	Months 5 Days 13
Sex	Female		Color or Race	White		Birth-place	Md.
Occupation	Housekeeping		Where Residing if not at place of death		Md.		
Married, Single or Widowed		Single Husband					
Father's Name	Luther G. Henderson				Father's Birthplace	Md.	
Mother's Maiden Name	Virginia E. Denton				Mother's Birthplace	Md.	
Name of person giving information	L. G. Henderson				How related to deceased	Father	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	One year
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. W. Davis M.D.	
		Address	Pleasantville	
Accident or Suicide?				



Name
in
Full

R. Westey Herbert.

CERTIFICATE OF DEATH

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NEAREST FRIEND

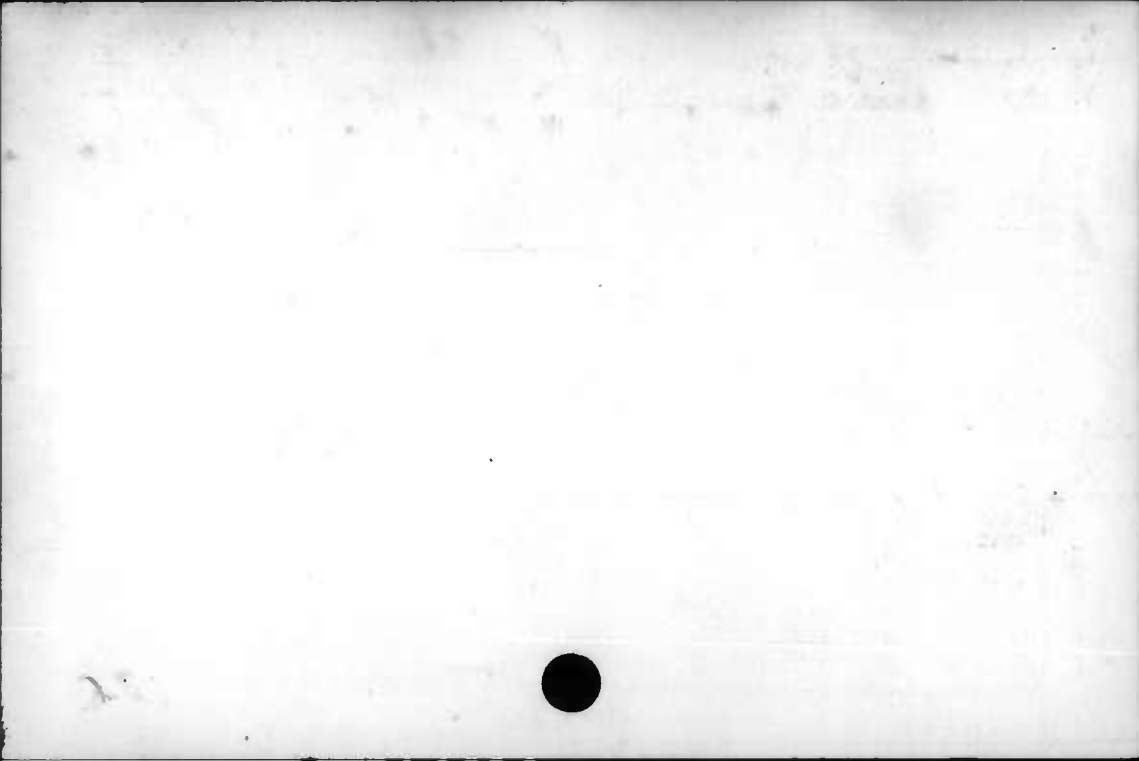
Died at <u>Graceton</u> <small>Month</small> <u>Aug.</u> <small>Day</small> <u>10</u> <small>Years</small> <u>77</u> <small>Months</small> <u>8</u> <small>Days</small> <u>16</u>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death		Sex <u>male</u> <small>Color or Race</small> <u>white</u>		<small>Birth-place</small> <u>Pa.</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Rachel Whiteford Herbert</u>			
Father's Name <u>William Herbert</u>		Father's Birthplace <u>Pa. Pa.</u>			
Mother's Maiden Name <u>Jane Herbert</u>		Mother's Birthplace <u>Pa. Pa.</u>			
Name of person giving Information <u>wife</u>		How related to deceased			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Valvular Cardiac Trouble.</u>	<u>many years.</u>
Immediate	<u>Heart-failure</u>	<u>instantaneous</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>Dr. H. Austin Delcher</u>
		Address <u>Cardiff, Maryland.</u>
Accident or Suicide?		



Name
in
Full

Wm Ray Keltz Hagerdrop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Loppa</u> Town <u>#</u>		County <u>Harford</u>		MARYLAND	
Date of death	<u>1908</u>	Month <u>Aug</u>	Day <u>29</u>	Age <u>6 weeks</u>	Months <u>1</u> Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Loppa Md</u>		
Occupation <u>_____</u>			Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>_____</u>			
Father's Name <u>Wm W Hagerdrop</u>			Father's Birthplace <u>Baltimore City</u>		
Mother's Maiden Name <u>Clara F. Kirschner</u>			Mother's Birthplace <u>Proctor, Md</u>		
Name of person giving information <u>John W. Hagerdrop</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Enteric - Colitis (Cholera Infantis)</u>	How long <u>1 week</u>
Immediate	<u>Inanition</u>	How long <u>_____</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. H. Hagerdrop</u>
<u>Yes</u>		Address <u>Loppa Md</u>
<u>No</u>		
Accident or Suicide? <u>No</u>		

A. S. Marshall
3539 Falls Road

Trinidad Ridge & Country
Aug 31/08

Name
in
Full

CERTIFICATE OF DEATH

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NEAREST FRIEND

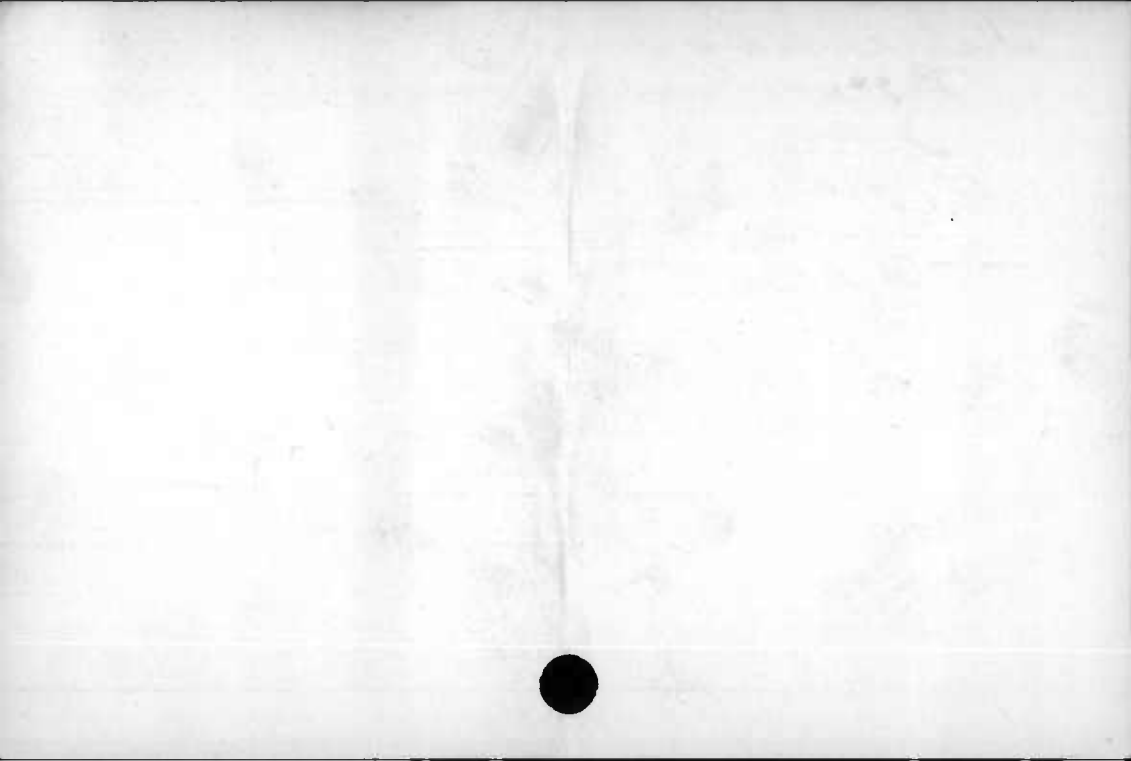
Name in Full <i>Rebecca G. Holland</i>		Town <i>Atterbury Creek</i>		County <i>Hampford</i>		MARYLAND	
Died at <i>Atterbury Creek</i>		Month <i>8</i>		Day <i>20</i>		Years <i>94</i>	
Date of death <i>1908</i>		Month <i>8</i>		Day <i>20</i>		Years <i>94</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Hampford County</i>		Months <i>6</i>	
Occupation <i>farmers wife</i>		Where Residing if not at place of death <i>Atterbury Creek</i>		Days <i>ind</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband					
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>not known</i>					
Name of person giving information <i>A. L. Mc Cann</i>		How related to deceased <i>not related</i>					

CAUSES OF DEATH

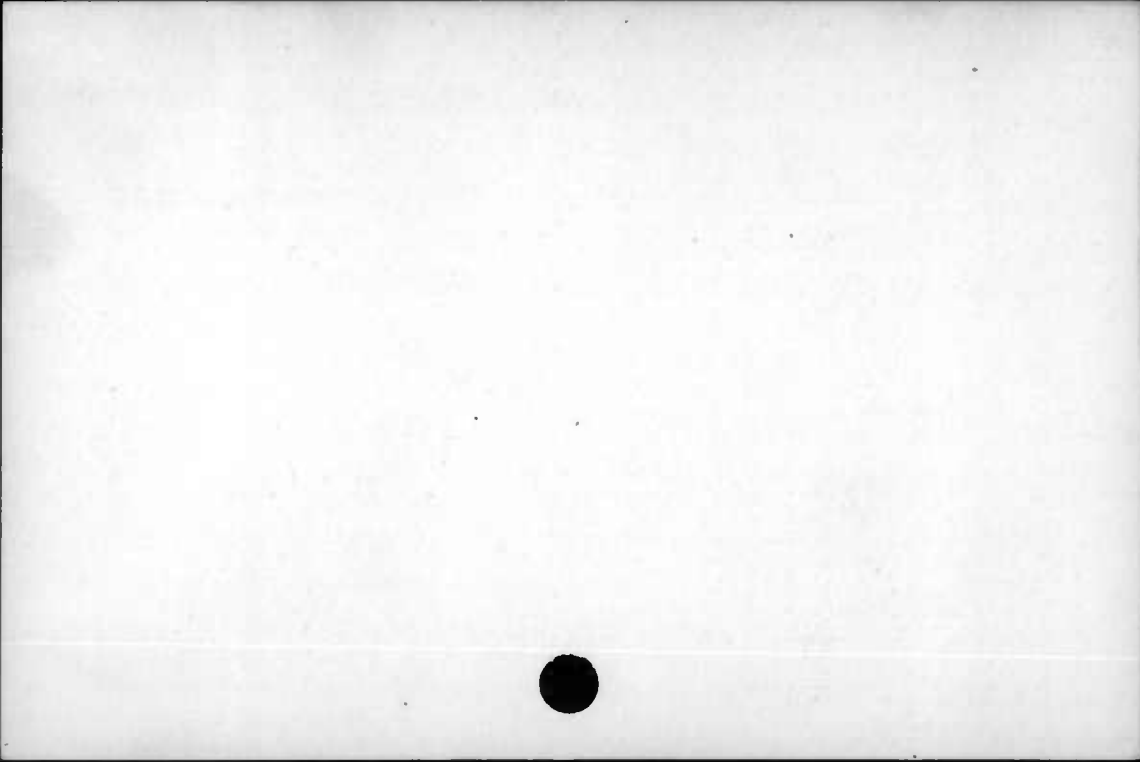
154

PHYSICIAN
OR CORONER

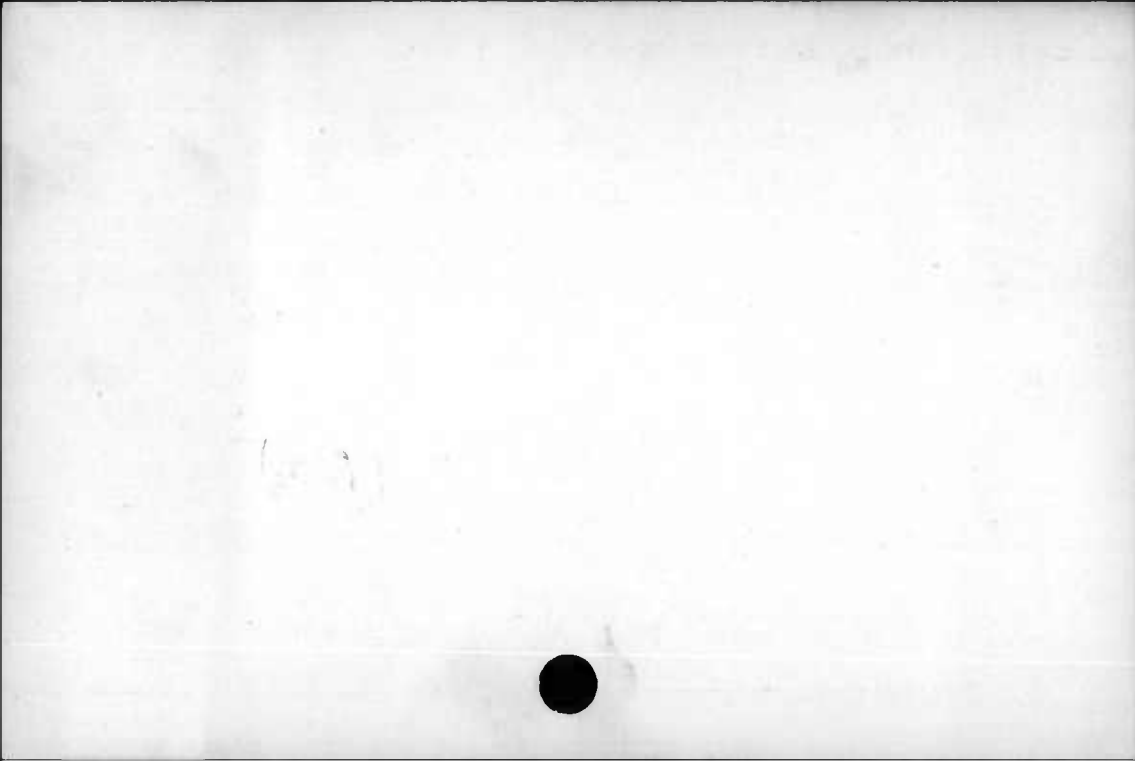
Primary	How long
Immediate <i>Senility</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. Lee Hughes</i>
	Address <i>Bel Air, R.F.D. Md.</i>
Accident or Suicide?	



Name in Full		Rebecca Horton.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Havre de Grace		County Harford		MARYLAND	
	Date of death	1908	Month Aug.	Day 27	Age 62	Months 11	Days
	Sex	Female		Color or Race	White		
	Occupation	House work		Birth-place	Harford Co.		
			Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife Husband Joseph Horton				
	Father's Name		William Hamby		Father's Birthplace Harford Co.		
Mother's Maiden Name		Sarah Sillert		Mother's Birthplace " "			
Name of person giving information		Mrs. William Morgan		How related to deceased		Sister.	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto;">79</div>							
PHYSICIAN OR CORONER	Primary	Heart disease				How long 2 or 3 yrs	
	Immediate	Cerebral Embolism				How long 24 hours	
	Are the name, age, sex, color, date and place correctly given above?		for		Signature of Physician R. H. Smith		
					Address Havre de Grace		
Accident or Suicide? None							



Name in Full		William Henry Johnson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Darlington		Starford		MARYLAND	
	Date of death	1908	Aug.	1	Age	6	Months
	Sex	Male		Color or Race	Colored		Birth-place
	Occupation	None		Where Residing if not at place of death		Darlington, Md.	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Not Known				Father's Birthplace	—
PHYSICIAN OR CORONER	Mother's Maiden Name	Miss Della Johnson				Mother's Birthplace	Starford, Md.
	Name of person giving information	Della Johnson				How related to deceased	Mother.
	CAUSES OF DEATH						105
PHYSICIAN OR CORONER	Primary	Cholera Infantum					How long
	Immediate	Cholera Infantum					How long
	Are the name, age, sex, color, date and place correctly given above?	I. H. Tobias					3 days.
	Signature of Physician	Darlington, Md.					Address
Accident or Suicide?							



Name
in
Full

Frank Kowalski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brynnum</i>		Town		<i>Harford</i>		County		MARYLAND	
Date of death 190 <i>8</i>		Month <i>Aug</i>		Day <i>27</i>		Age <i>2</i>		Months <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>					
Occupation <i>None</i>				Where Residing if not at place of death <i>2716 Hudson St. Balto. Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>							
Father's Name <i>Edward Kowalski</i>		Father's Birthplace <i>Austria</i>							
Mother's Maiden Name <i>Nellie Macek</i>		Mother's Birthplace <i>"</i>							
Name of person giving Information <i>Nellie Kowalski</i>		How related to deceased <i>Mother</i>							

CAUSES OF DEATH

106

PHYSICIAN
OR CORONERPrimary *Diarrhoea*

How long

How long

Six weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

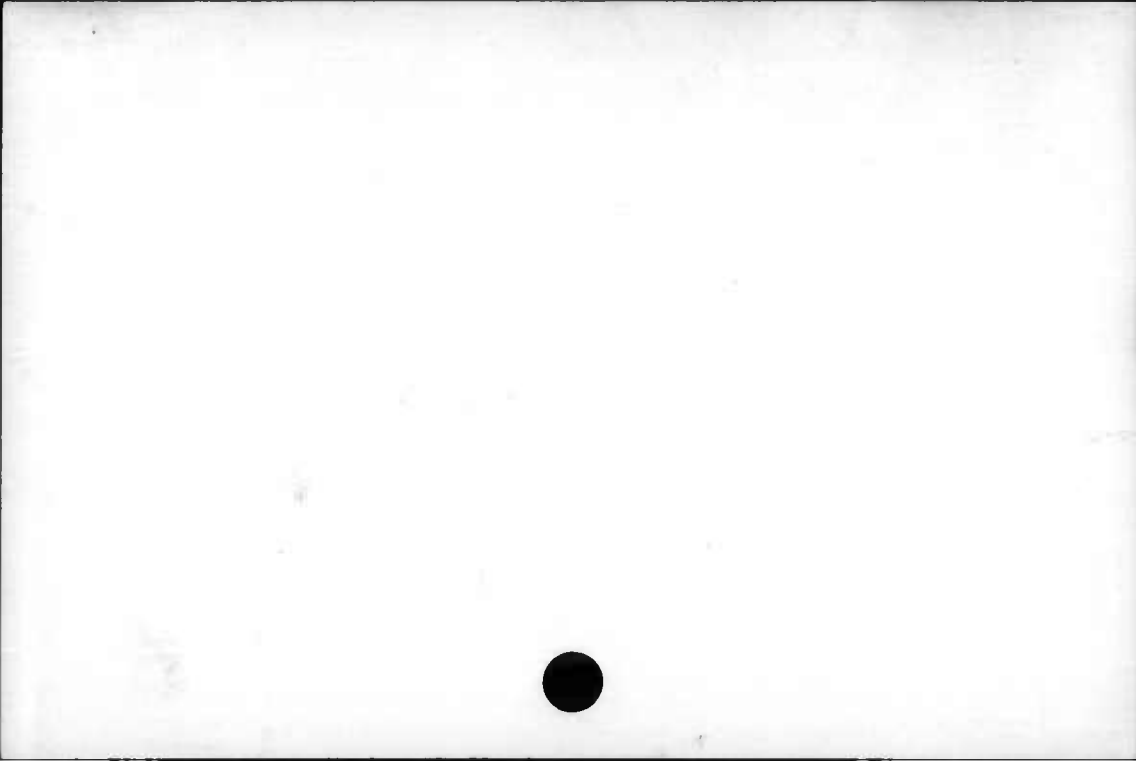
Signature of Physician

Address

James A. Lyke
Sub-Registered of
of Crime Board of Health

Accident or Suicide

No



Name
in
Full

Addie Maher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harrods Grace		County Barford		MARYLAND	
Date of death		1908	Month Aug.	Day 31	Age 26	Months 5	Days
Sex Female		Color or Race White		Birth- place Harrods Grace			
Occupation House Wife		Where Residing if not at place of death Philadelphia Pa.					
Married, Single or Widowed Married		Name of Husband William H. Maher					
Father's Name Lycurgus Keen		Father's Birthplace Barford Co.					
Mother's Maiden Name Unknown		Mother's Birthplace Unknown					
Name of person giving Information M ^{rs} H. Maher		How related to deceased Husband					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long Don't know
Immediate Heart Complication	How long Short time
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R H Smersh
Patient died White on a visit to Harrods Grace	Address Her home was Philadelphia
Accident or Suicide?	



Name
in
Full

Annie Maska

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Harve de Harve* ^{County} *Harford* **MARYLAND**

Date of death ^{Month} *Aug.* ^{Day} *15* ^{Years} *1* ^{Months} *12* ^{Days}

Sex *Female* Color or Race *White* Birth-place *Baltimore*

Occupation *none* Where Residing if not at place of death *Baltimore*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Lewis Maska* Father's Birthplace *Russia*

Mother's Maiden Name *Mary Kirk* Mother's Birthplace *Russia*

Name of person giving information *Lewis Maska* How related to deceased *Father.*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Cholera Infantum

How long

Immediate

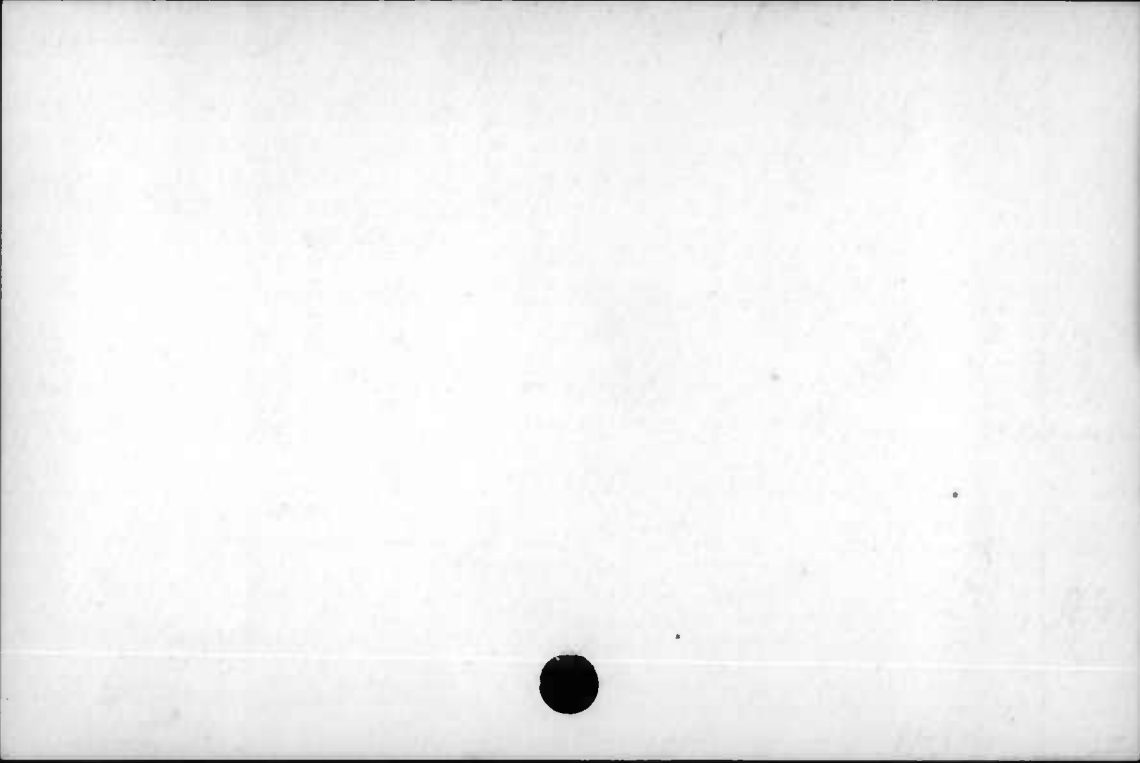
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Howard
106 Race St.

Accident or Suicide?



Name
in
Full

George Presbrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Battleton</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Year</small>	<u>Aug.</u> <small>Month</small>	<u>29</u> <small>Day</small>	<u>2</u> <small>Years</small>	<u>3</u> <small>Months</small>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Harford Co.</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed	<u>_____</u>		Name of Wife or Husband <u>_____</u>		
Father's Name	<u>Illegitimate</u>			Father's Birthplace <u>_____</u>	
Mother's Maiden Name	<u>Elizabeth Presbrey</u>			Mother's Birthplace <u>Harford Co.</u>	
Name of person giving information	<u>Elizabeth Presbrey</u>			How related to deceased <u>Mother.</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>1</u>
Immediate	<u>Typhoid Fever</u>	How long	<u>10 days.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Thias</u>		
	Address <u>Darlington, Md.</u>		
Accident or Suicide? <u>_____</u>			



Name
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CERTIFICATE OF DEATH

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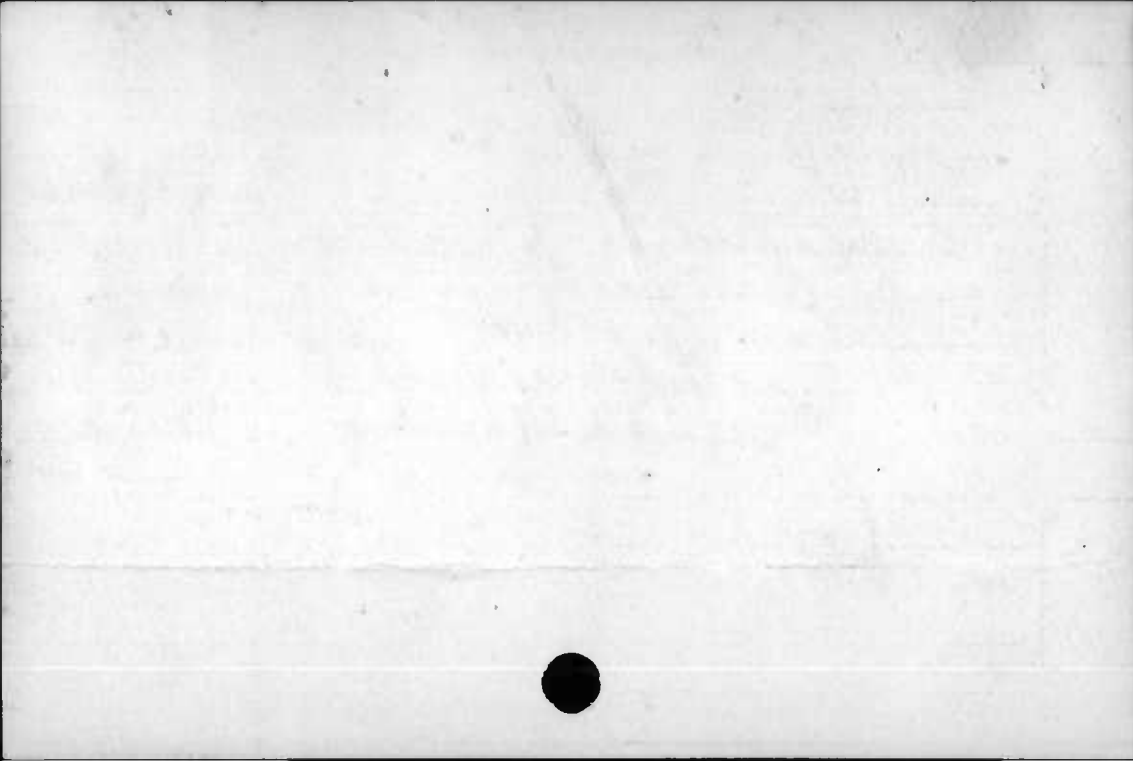
Name in Full <i>Martha Katherine Preston</i>		Town <i>Webster</i>		County <i>Harford</i>		MARYLAND	
Died at		Month <i>Aug</i>		Day <i>18</i>		Years <i>45</i>	
Date of death <i>190</i>		Age <i>45</i>		Months		Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>House Keeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>James H. Preston</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Eliza Jane Cullum</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Dr. W. A. Harrison</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary <i>dysentery</i>		How long <i>5 days</i>	
Immediate <i>-</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. H. Smith</i>	
		Address <i>W. C. de Grace</i>	
Accident or Suicide?		<i>Mal</i>	



Name
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CERTIFICATE OF DEATH

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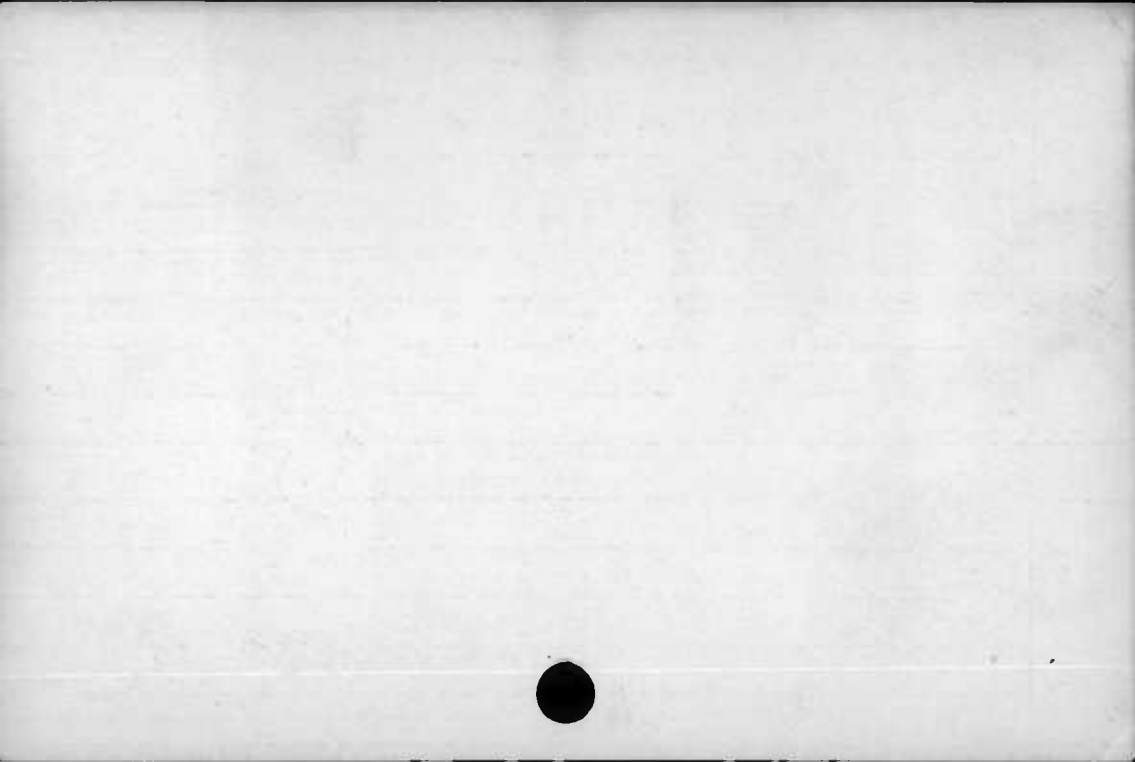
Name in Full <i>Joseph M Rollins</i>		Town <i>Edgewood</i>		County <i>Harford</i>		MARYLAND									
Died at <i>Edgewood</i>		Date of death 190 <i>8</i>		Month <i>Aug</i>		Day <i>21</i>		Age <i>58</i>		Year <i>8</i>		Months <i>8</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birthplace <i>Back River</i>											
Married, Single or Widowed <i>Married</i>		Occupation <i>Telegraph Operator</i>													
Name of Wife or Husband <i>Marian Rollins</i>															
Father's Name <i>John Rollins</i>		Father's Birthplace <i>Balto. Co.,</i>													
Mother's Maiden Name <i>Rachel Weizer</i>		Mother's Birthplace <i>Balto. Co.,</i>													
Name of person giving information <i>Marian Rollins</i>		How related to deceased <i>Wife</i>													

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Rheumatism</i>		How long <i>40 years.</i>	
Immediate <i>atack of stone</i>		How long <i>6 minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>—</i>		Signature of Physician <i>Chas Roth</i>	
		Address <i>Edgewood</i>	
Accident or Suicide? <i>—</i>		<i>md</i>	



Name in Full Mildred J. Sargable		TOWN Carsins		COUNTY Starford		CERTIFICATE OF DEATH	
Died at Carsins		MARYLAND					
Date of death 1908		Month 8	Day 24	Age —	Years —	Months 3	Days —
Sex Male		Color or Race White		Birth-place Carsins			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Jacob Sargable				Father's Birthplace Calvary,			
Mother's Maiden Name Anna Baker,				Mother's Birthplace Carsins			
Name of person giving information Jacob Sargable				How related to deceased Walter,			
CAUSES OF DEATH							
Primary Marasmus				How long 3 mo			
Immediate Exhaustion				How long ✓			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician J. W. Kennedy			
				Address Abundant Ave			
Accident or Suicide?							

Smith Chapel

Name
in
Full

Robt. H. Scarborough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

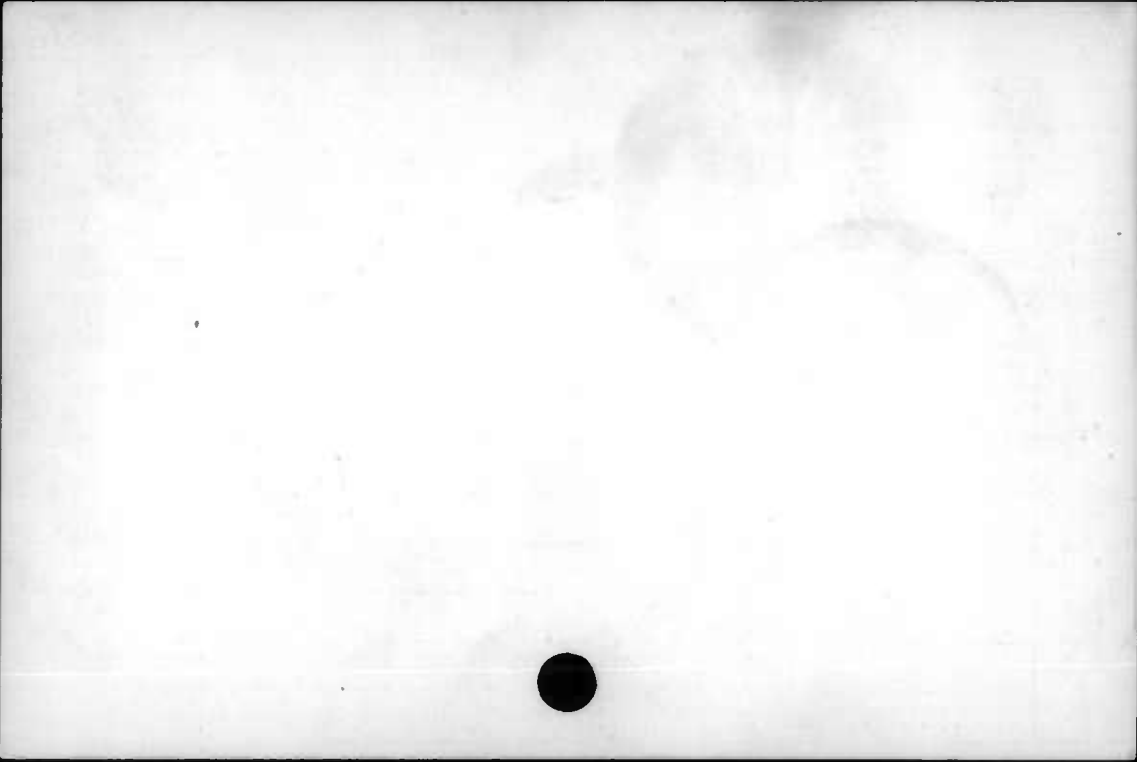
Died at <i>Chestnut Hill</i>		Town <i>Hayford</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>8</i>	Day <i>10</i>	Age	Years	Months <i>7</i>	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Hayford Co.</i>			
Occupation _____				Where Residing if not at place of death <i>Chestnut Hill</i>			
Married Single <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>Hamilton Scarborough</i>				Father's Birthplace <i>Hayford Co.</i>			
Mother's Maiden Name <i>Katherine Frie</i>				Mother's Birthplace			
Name of person giving information				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>6 mos.</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. Lee Hughes</i>	
		Address <i>Bel Air</i>	
Accident or Suicide?		<i>md.</i>	



Name
in
Full

Morrison H. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Vale</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	<u>1908</u> Month	<u>Aug</u> Day	Age	<u>4</u> Years	<u>9</u> Months
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind.</u>
Occupation			Where Residing if not at place of death		
			<u>Vale</u>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Ernest H. Smith</u>		Father's Birthplace	
				<u>Ind.</u>	
Mother's Maiden Name		<u>Ella M. Heck</u>		Mother's Birthplace	
				<u>Ind.</u>	
Name of person giving information		<u>Ernest H. Smith</u>		How related to deceased	
				<u>Father</u>	

CAUSES OF DEATH

105

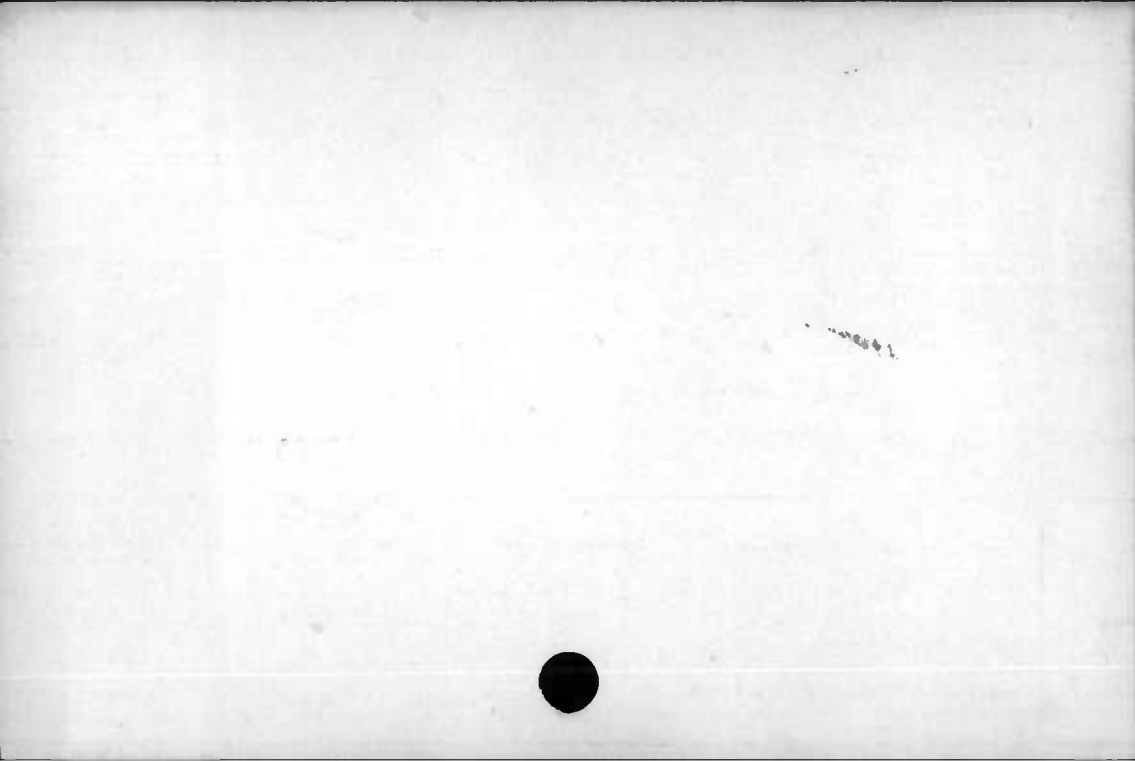
PHYSICIAN OR CORONER	Primary	<u>Gastro Enteritis</u>	How long	<u>7 weeks</u>
	Immediate	<u>Inanition</u>	How long	<u>7</u>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	<u>Yes</u>		<u>Purnell S. Dappert</u>	
		Address		<u>Bel Air</u>
Accident or Suicide?				

Rock Springs

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full <i>Jessie Snouden</i>		CERTIFICATE OF DEATH	
Died at <i>Dublin</i> Town		<i>Harford</i> County	
Date of death <i>1908</i> Month <i>Aug.</i> Day <i>22</i>		Age <i>37</i> Years Months Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind.</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Dublin</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Jessie Snouden Sr.</i>	Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Carolyn Gibson</i>	Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>James Snouden</i>	How related to deceased <i>Brother</i>		
CAUSES OF DEATH		27	
Primary <i>Tuberculosis</i>	How long <i>8 months</i>		
Immediate	How long		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles W. Amour</i>		
<i>Yes</i>	Address <i>Street Co. Ind.</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Boothby Hill* ^{Town} *Harford* ^{County}Date of death *1908* ^{Month} *Aug* ^{Day} *28* ^{Age} *7* ^{Years} *7* ^{Months} *—* ^{Days}Sex *Female* Color or Race *Black* Birth-place *Specula Island*Occupation *—* Where Residing if not at place of death *Boothby Hill*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Charles H Stansbury*Father's Birthplace *Mile Square*Mother's Maiden Name *Mary Crilly*Mother's Birthplace *Specula Island*Name of person giving information *Charles H Stansbury*How related to deceased *Father*

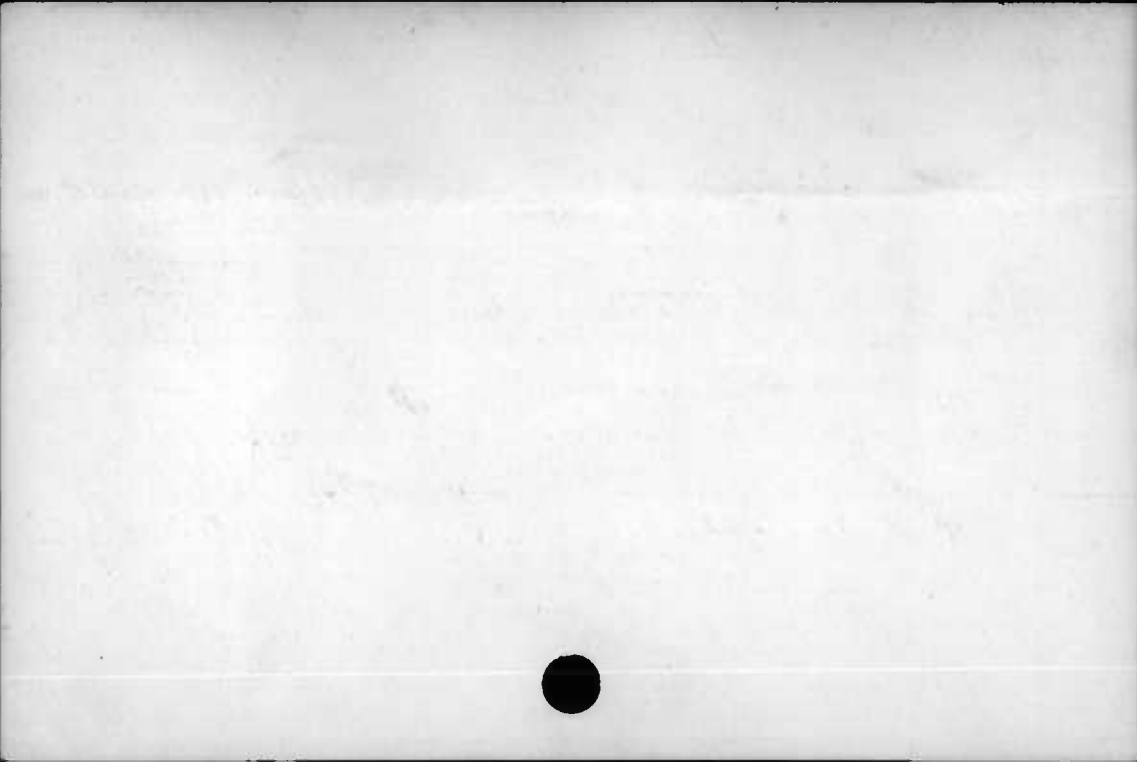
CAUSES OF DEATH

105Primary *Cholera Infusion*How long *1 mo*Immediate *Exhaustion*How long *1 week*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. H. Kennedy*Address *Abolition*

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>Harold C. Stewart</i>		Town <i>Farm Hill</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Farm Hill</i>		Month <i>8</i>		Day <i>14</i>		Years <i>—</i>	
Date of death <i>1908</i>		Month <i>8</i>		Day <i>14</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Farm Hill</i>		<i>Md</i>	
Occupation <i>—</i>		Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Elijah P. Stewart</i>		Father's Birthplace <i>Harford Co</i>					
Mother's Maiden Name <i>Margaretta Brown</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Father</i>		How related to deceased <i>"Father"</i>					

CAUSES OF DEATH

103-

Primary <i>Malaria</i>	How long <i>2 mos</i>
Immediate <i>Acute Colitis</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>F. P. Smith</i>
	Address <i>Farm Hill</i>
Accident or Suicide? <i>—</i>	<i>Md</i>

Clock & Chap.

Name
in
Full

Mildred A Stone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

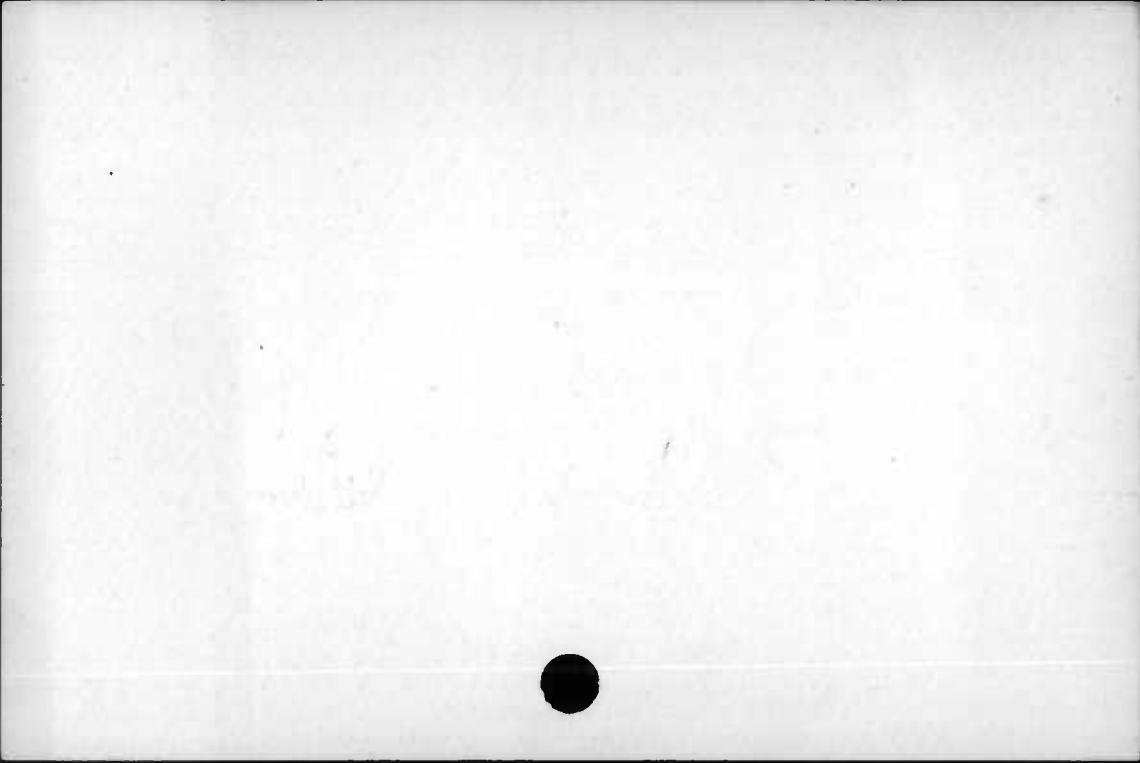
Died at <i>Harve de Grace</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>3</i>	Age	Years <i>-</i>	Months <i>6</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White -</i>		Birth-place <i>Harve de Grace</i>				
Occupation <i>-</i>			Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Wm Scott</i>		Father's Birthplace <i>Cecil Co</i>					
Mother's Maiden Name <i>May Stone</i>		Mother's Birthplace <i>Harve de Grace</i>					
Name of person giving information <i>Grandmother - (Stone)</i>		How related to deceased <i>Grandmother</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Malnutrition</i>	How long <i>all life</i>
Immediate <i>Cholera Infantum</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Hopkins</i>
	Address <i>Harve de Grace Md</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name In Full		Bessie Elizabeth Thalman		County		Harford		TOWN		Haver Be Grace		Died at		Date of death		1908		Month		Aug		Day		21		Age		Years		Months		Days		MARYLAND	
Sex		Female		Color or Race		white		Birth- place		Rising Sun		Occupation		—		Where Residing if not at place of death		Haver Be Grace																	
Married, Single or Widowed		—		Name of Wife or Husband		—																													
Father's Name		Fredrick B Thalman		Father's Birthplace		Haver Be Grace																													
Mother's Maiden Name		Dora V Moffet		Mother's Birthplace		Rising Sun																													
Name of person giving In formation		Dora Thalman		How related to deceased		—																													

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary		Summer Discharge		How long		3 weeks	
Immediate		Convulsions		How long		2 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		F. W. Steiner M D			
		Address		Haver Be Grace			
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

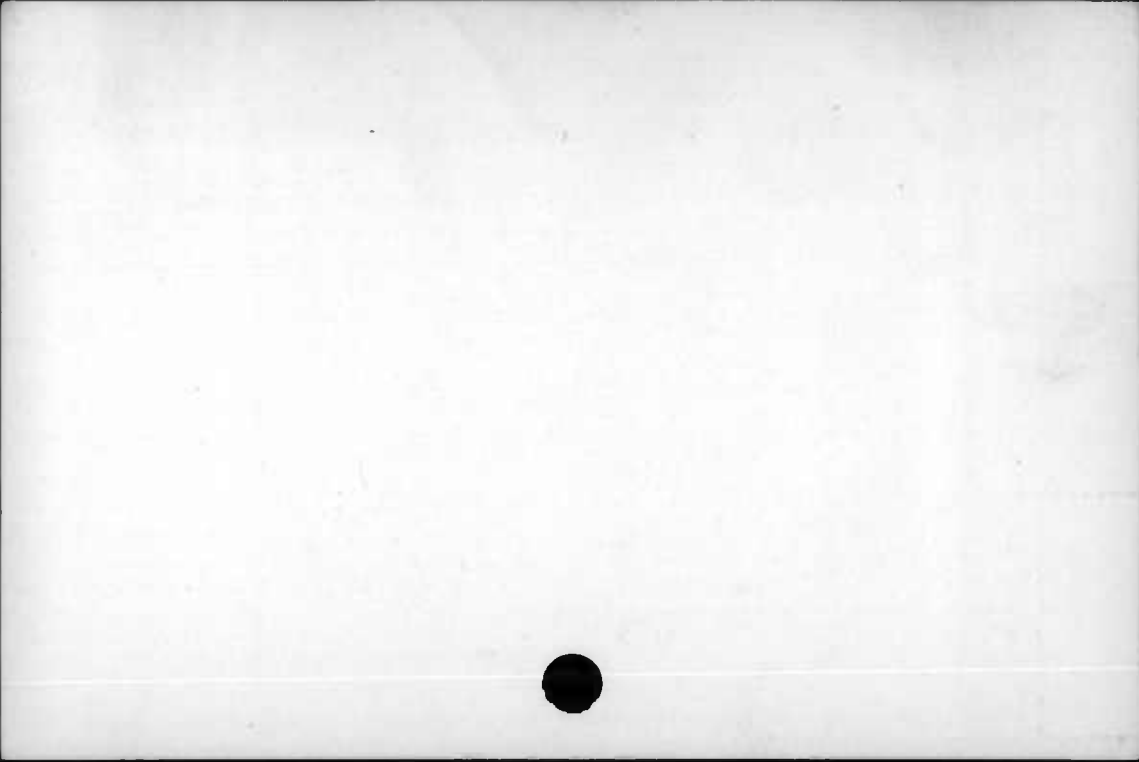
Died at <i>Abundem</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1908 Aug.</i> ^{Month}	<i>28</i> ^{Day}	Age <i>—</i> ^{Years}	<i>7</i> ^{Months}	<i>16</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Wilmington Del.</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>Wilmington Del.</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Joseph E. Wallace</i>			Father's Birthplace	<i>Delaware</i>
Mother's Maiden Name	<i>Hannah Litters</i>			Mother's Birthplace	<i>Penn.</i>
Name of person giving information	<i>Emily Simpson</i>			How related to deceased	<i>aunt.</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Gastro-Enteritis</i>	How long	<i>3 weeks.</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>East K. Kite</i>
		Address	<i>Abundem, Md.</i>
Accident or Suicide?	<i>—</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Harry L. Walter		Town Forest Hill		County Harford		State MARYLAND	
Died at Forest Hill		Month Aug		Day 12		Age 24	
Date of death 1908 Aug 12		Years 24		Months -		Days -	
Sex Male		Color or Race White		Birth-place Ind.			
Occupation Farmer		Where Residing if not at place of death Forest Hill					
Married, Single or Widowed Single		Name of Wife or Husband Hattie E. Walter					
Father's Name Lewis L. Walter		Father's Birthplace Ind.					
Mother's Maiden Name Anna H. Grimes		Mother's Birthplace Ind.					
Name of person giving information L. L. Walter		How related to deceased Father					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary
TuberculosisHow long
Does not know

Immediate

Are the name, age, sex, color, date and place correctly given above?

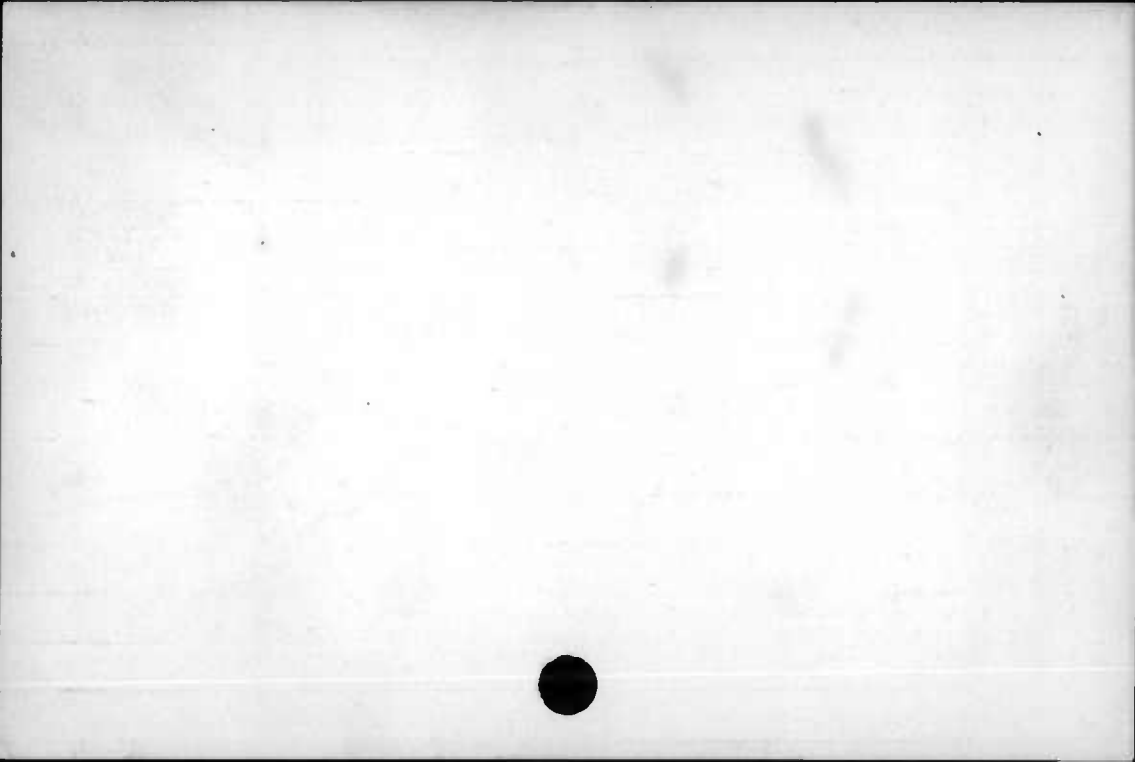
Yes

Signature of Physician

Address

William J. Archer**Bolton Md**

Accident or Suicide?



Name
in
Full

Elva May Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

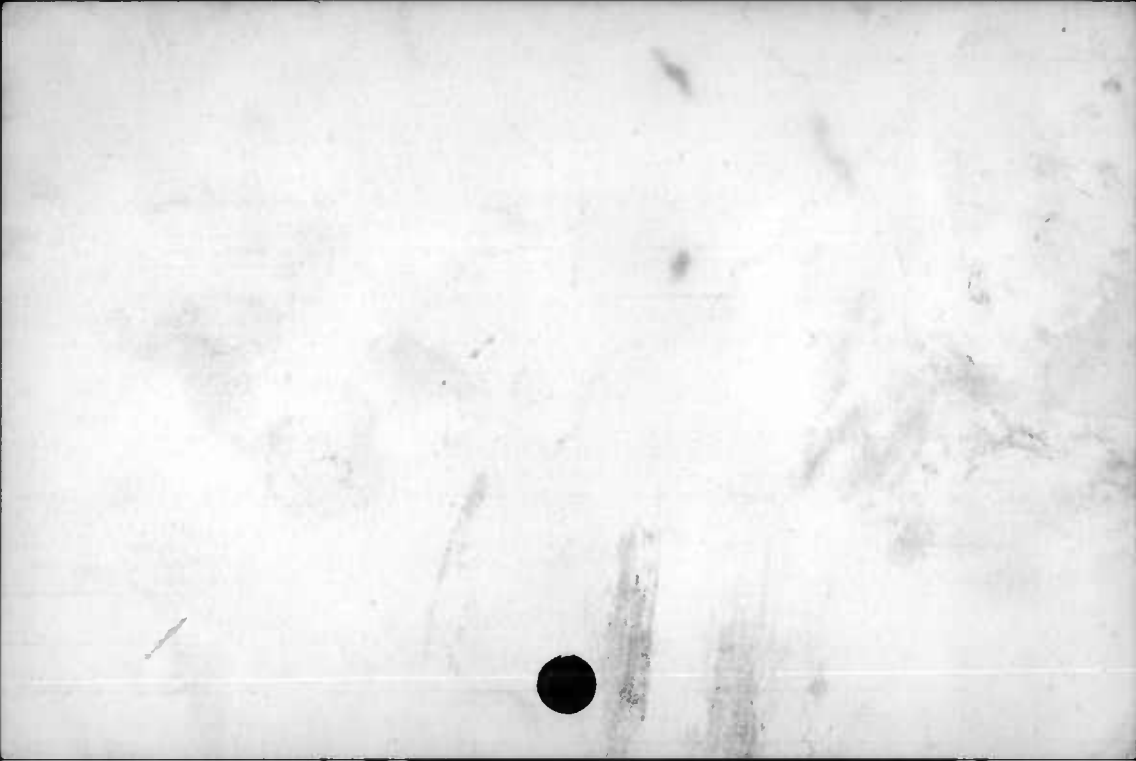
Died at <i>Harris-de-Grace</i>		Town <i>Harris-de-Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death	1908	Month	8	Day	26	Age	Years
Sex	Female	Color or Race	White	Birth-place	Berryville Md	Months	8
Occupation	Infant	Where Residing if not at place of death					
Married, Single or Widowed	Infant	Name of Wife or Husband					
Father's Name	John Warner	Father's Birthplace	Md				
Mother's Maiden Name	Carrie Ward	Mother's Birthplace	Md				
Name of person giving information	Carrie Ward	How related to deceased	Mother				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	3 wks
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. Woodward
		Address	Harris-de-Grace, Md
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Aug	16	59			
Sex	Male	Color or Race	White	Birth-place	Md		
Occupation	Merchant		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Josephine Whitaker							
Father's Name	Joshua Whitaker				Father's Birthplace	Md	
Mother's Maiden Name	Annella B Price				Mother's Birthplace	Md	
Name of person giving information	A B Whitaker				How related to deceased	Brother	

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

One year

How long

Immediate

Are the name, age, sex, color, date and place correctly given above

Yes - filed
1908

Signature of Physician

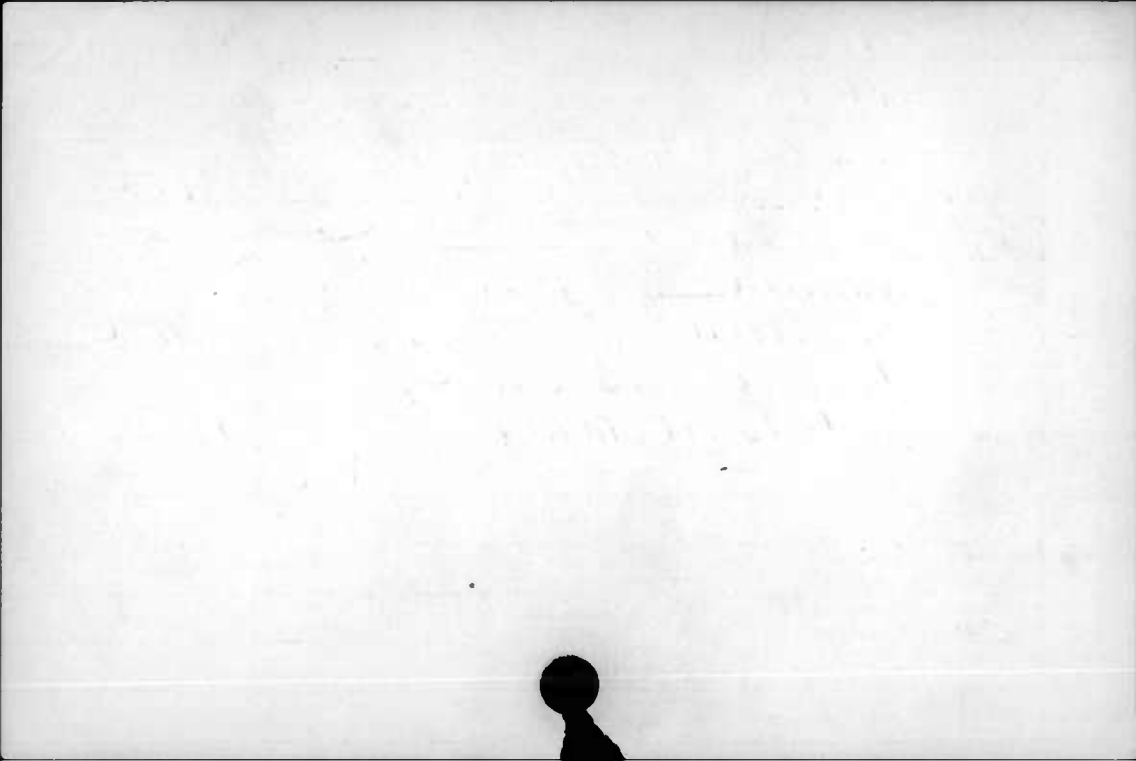
William V. Archer

Address

Bel Air
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Wm. H. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Havre de Grace^{County} Harford

Date of death

1908

Month

Aug

Day

18

Years

Age 62.

Months

Days

Sex

Male

Color or
Race

white-

Birth-
place

Harford Co

Occupation

Laborer

Where Residing if not
at place of death

Same

Married, Single
or Widowed

married

Name of Wife or
Husband

Mary C. Wright

Father's
Name

Wm. H. Wright

Father's
Birthplace

Maryland

Mother's
Maiden Name

Sarah Jane Sampson

Mother's
Birthplace

.. ..

Name of person giving
information

Mary C. Wright

How related
to deceased

wife

CAUSES OF DEATH

64

Primary

Cerebral hemorrhage

How long

1 hour

Immediate

Apoplexy

How long

..

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. H. Hopkins

Address

Havre de Grace

md

Accident or Suicide?

